

MAY TAKE:

Soups.—Bouillon, clam broth, chicken broth, mutton broth, barley, rice, bean and pea broth, beef-juice and tea, oyster soup, turtle soup.

Fish.—Fresh fish, codfish, raw oysters.

Meats.—Beef raw, underdone, scraped or pounded; roast mutton, lamb chops, poultry, game, bacon, ham, sweetbread, Mosquera's beef-meal, beef-juice, liquid peptonoids.

Eggs.—All ways but fried. Beat with milk, whiskey, or sherry.

Farinaceous.—Wheat bread, Indian-meal bread, with plenty of butter, oatmeal, malt extracts.

Vegetables.—Onions, tomatoes, string beans, spinach, asparagus, lettuce, cresses, celery, greens, peas, rice well cooked.

Fats and Oils.—Mutton, beef, butter, cream, olive and cod-liver oil.

Dessert.—Tapioca and sago puddings, farina, floating island, custards, all fruits, cheese, butter-scotch.

Beverages.—Ozonized water, carbonized water, hot water or hot Vichy water (one pint an hour before meals), lemonade, ginger ale, malt preparations, milk, cream, koumiss, cocoa, chocolate. *Mineral Waters*.—Alkaline, iron, and sulphur. Oak Orchard Springs, Richfield Springs, Lower Blue Lick, Green Brier, White Sulphur Springs, Red Sulphur Springs, Aix la Chapelle, Homburg, Franzensbad, Cheltenham.

MUST AVOID:

The excessive use of farinaceous, sugary, or starchy foods; pork, veal, hashes, salt fish, lobster, bluefish, turnips, beets, potatoes, cucumbers, cabbage, parsnips, carrots, macaroni, spaghetti, arrowroot, corn-starch, hot bread and cake, all fried foods, made dishes, gravies, sweets, pies, and pastry.

PRIVATE NURSING, FROM A NURSE'S POINT
OF VIEW

BY JOSEPHINE HILL

THERE is so much to be said on the subject of private nursing, and so many sides from which it may be viewed, that I will leave untouched all sides except that of a happy relation between patient and nurse. All well-trained nurses know, of course, what is necessary to do or not to do in the sick-room, so it is not the nurse professionally with whom I am talking, but the woman individually. I think that to win the confidence, and even the affection, of a sick person, is equally as important as fulfilling

the few desultory orders of the physician. To feel on taking charge of your patient that she is a human being, and not a stereotyped patient, and that you are a woman, and not a hospital machine, is a quick way of establishing a feeling of comfortable sympathy between the two. If young women who graduate from the hospitals could always remember that their training has been for the purpose of making them more skilful in the handling of the sick and more intelligent in their professional attentions, and *not* to obtrude iron-clad rules, they could be happier in their work, and there would be less friction between patient and nurse. If one of our own flesh and blood were ill, and her nurse should be over-conscientious in adhering to rules, to the detriment and happiness of her patient, how indignant we would be. Then why not apply the idea to one's self and one's work. In short, make your patient comfortable and happy, even if it involves breaking a so-called rule or going contrary to the orders of the physician. He would be the first to recognize and appreciate your faculty of treating circumstances as they arise. To find out the temperament and idiosyncrasies of your patient and never to run against them; to humor her whims, remembering that you have whims, too, and like to be humored; and if the worst comes to the worst, imagine the case reversed, and yourself in the sick-bed. Realizing that you have the best of it, you can afford to be generously indulgent. If we think of Charles Reade's "Put Yourself in His Place" it will often smooth over a rough place, and silence a sharp reply.

"WHAT will the nomadic and restless-minded modern nurse think of the periods of service given in hospitals abroad? The record of the recent resignation of three of the London Hospital 'Sisters,' after holding their positions respectively seventeen, twenty, and thirty-seven years, speaks eloquently of faithful devotion and serenity in forgetfulness of self."